

# Home Modification Loan Program (HMLP)

## Application Guide

Thank you for your interest in the Home Modification Loan Program. This is a loan program, providing funds for individuals and families to modify their homes for a household member with a disability or who is an elder with a professionally documented limitation. The HMLP lends from \$1,000 to \$30,000 secured by a promissory note and mortgage that are recorded as a lien on the property.

**Please read the enclosed Frequently Asked Questions, and Brochure carefully before completing this application.**

**Additionally, please refer to the checklist with this application to make sure your application is complete.** If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact your Provider Agency.

- **All of the information and documents required as part of this application are necessary for HMLP Provider Agencies to determine home modification project and loan product eligibility.**
- ***This is not a home repair, septic or heating system replacement program.*** The modifications made to the home must relate to the beneficiary's ability to function on a daily basis.
- **Income guidelines for eligibility** are shown on the enclosed Frequently Asked Questions sheet.
- **If you are an employee or a relative of an employee of the Provider Agency,** who sent you this application, call your local Provider Agency to be assigned to another Provider Agency.
- **Reasonable accommodations** will be provided as needed by the Provider Agency to assist in completion of the application. If you need any assistance with the application please let your Provider Agency know how they can be of assistance.

# Home Modification Loan Program

## Provider Agencies

Your completed application should be sent directly to the agency serving your community. If you are unsure of where to send your application, please visit our website where you can search by city/town to determine which agency serves your community or call MRC at 617-204-3739

### **Western MA**

#### **HAP, Inc**

322 Main Street  
Springfield, MA 01105  
Contact: Marta Alvarez  
413-233-1615

[malvarez@haphousing.org](mailto:malvarez@haphousing.org)

*Serving: Agawam, Chicopee, Holyoke, Northampton, Springfield, West  
Springfield and Westfield*

#### **Pioneer Valley Planning Commission (PVPC)**

60 Congress Street  
Springfield, MA 01104  
Contact: Shirley Stephens  
413-781-6045

[sstephens@pvpc.org](mailto:sstephens@pvpc.org)

*Serving: all other Western MA communities*

### **Central MA**

#### **RCAP Solutions Financial Services, Inc**

12 East Worcester St.  
Worcester, MA 01604  
Contact: Renee Perdicaro  
978-630-6725

[rperdicaro@rcapsolutions.org](mailto:rperdicaro@rcapsolutions.org)

### **Northeast/North Shore MA**

#### **Community Teamwork, Inc (CTI)**

155 Merrimack Street  
Lowell, MA 01852  
Contact: Alan Trebat  
978-654-5741

[atrebat@comteam.org](mailto:atrebat@comteam.org)

## **Metrowest MA**

### **South Middlesex Opportunity Council (SMOC)**

300 Howard Street  
Framingham, MA 01702  
Contact: Christina Cutting  
508-620-2682  
[ccutting@smoc.org](mailto:ccutting@smoc.org)

## **Southeastern MA/Cape/Islands**

### **South Middlesex Opportunity Council (SMOC)**

Home Modification Loan Program  
3 Webster Sq. PMB 1000  
Marshfield, MA 02050  
Contact: Mary Ann Walsh  
508-202-5919  
[mwalsh@smoc.org](mailto:mwalsh@smoc.org)

## **Metropolitan Boston**

### **Metropolitan Boston Housing Partnership (MBHP)**

125 Lincoln Street  
Boston, MA 02111  
Contact: Jennifer Shaw  
617-425-6637  
[Jennifer.shaw@mbhp.org](mailto:Jennifer.shaw@mbhp.org)

## **How Did You Learn About the Home Modification Loan Program?**

- ☐ Internet Search ☐ Radio/TV/Print Advertisement ☐ Informational Poster  
☐ Friend or Relative ☐ Senior Center/Council on Aging ☐ Independent Living Center  
☐ Community or Housing Organization ☐ Municipal Office ☐ Regional MRC office  
☐ Other State Agency (DDS, DPH, DMH, MCB, MCDHH) ☐ Disability Organization  
☐ Healthcare Agency (home health, skilled nursing facility, doctor's office or hospital) ☐ contractor

**Other** \_\_\_\_\_

# Home Modification Loan Program

## Application Checklist

Applicant Name: \_\_\_\_\_

Complete and Signed Application with each of the following pages included:

- ☐ Applicant Information
- ☐ Beneficiary Information
- ☐ Home Modification Project
- ☐ Household Income Information, Proof of income may include: tax returns, benefit statements, 1099, W-2s or current paystubs
- ☐ Massachusetts Income Tax Return (If taxes were owed, you must include proof of payment)
- ☐ Property Information
- ☐ Signed **PENALTY FOR FALSE OR FRAUDULENT STATEMENT**
- ☐ Landlord Supplemental Form (if applicable)
- ☐ Release of Information Form
- ☐ Media Release of Information (optional)
- ☐ Lead Paint Certification Form
- ☐ Historic Certification Form

### Additional Application Documentation Required

- ☐ Documentation from Professional
  1. Need for Home Modification Form (signed by a Professional)
  2. Statement on Letterhead from professional attesting to need for home modification(s)
- ☐ Proof of paid real estate taxes
- ☐ Copy of deed for property being modified, and any trust documents when applicable
- ☐ Evidence of commitment of other funds, if project is over \$30,000

### Additional Application Documentation from Selected Contractor Required

- ☐ Itemized and Detailed project estimate or bid that meets program's Minimum Requirements for Contractor Proposals (see page 17 of application)
- ☐ Contractor's License (copy)
- ☐ Contractor's Certificate of Liability Insurance with Borrower listed as Certificate holder (copy)
- ☐ Lead Paint Training Certificate and MA License (required if property is built prior to 1978)

# Home Modification Loan Program Application

## Applicant Information

\*Landlord applicants must complete the Landlord Form.

**Please print clearly.**

**Name (Last, First, MI):** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
Number Street Unit #  
City State Zip Code

**Telephone:** Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

**Fax:** \_\_\_\_\_ **TTY/TTD:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address of Property (if different from above):**

\_\_\_\_\_  
Number Street Unit #  
City State Zip Code

**Please list the names of any other persons listed on the property deed:**

Name (Last, First, MI): \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Is any person listed in this application (including all property owners or beneficiary) an employee or a relative of an employee of the Provider Agency administering the Home Modification Loan Program?

Yes ☐ No ☐

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**Beneficiary Ethnic Background (Answer is Optional)**

a. Native American ☐ b. White ☐ c. Hispanic ☐ d. Black ☐ e. Asian ☐ f. Other \_\_\_\_\_

## **Beneficiary Information**

**Individual(s) with Disability /Beneficiary:**

(1) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                     Last                                  First                                  MI  
 Relationship to Homeowner/Landlord( i.e. child, niece, brother, friend, tenant): \_\_\_\_\_  
 Is the property listed above the Primary Permanent Address of this person: \_\_\_\_ yes \_\_\_\_ no

(2) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                     Last                                  First                                  MI  
 Relationship to Homeowner/Landlord( i.e. child, niece, brother, friend, tenant): \_\_\_\_\_  
 Is the property listed above the Primary Permanent Address of this person: \_\_\_\_ yes \_\_\_\_ no

(3) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                     Last                                  First                                  MI  
 Relationship to Homeowner/Landlord( i.e. child, niece, brother, friend, tenant): \_\_\_\_\_  
 Is the property listed above the Primary Permanent Address of this person: \_\_\_\_ yes \_\_\_\_ no

(4) Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                     Last                                  First                                  MI  
 Relationship to Homeowner/Landlord ( i.e. child, niece, brother, friend, tenant): \_\_\_\_\_  
 Is the property listed above the Primary Permanent Address of this person: \_\_\_\_ yes \_\_\_\_ no

## Home Modification Project

Explain your need for home modifications as it relates to the individual with a disability(ies) in your household. Attach additional pages as needed. Contractor or architectural submissions are accepted but not required at this time. Include an *estimated* amount of the cost of the project if possible. Please be specific as to the modifications being proposed at this time.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Estimated Cost (if available) \$

**If the project exceeds \$30,000, you must provide evidence of a commitment of other funds to complete your home modification project.** The HMLP loan will be disbursed only *after* all other funds have been used. If your other funding source(s) have this same requirement, please contact your provider agency.

**Please list other funding sources you plan to use, if known at this point.** Other sources include personal funds, other lines of credit or loans, civic organizations, grants, or gifts. Documentation of this funding will be required prior to closing.

**Source:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Source:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Source:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Source:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

## **Income Information**

**Applicant Name:** \_\_\_\_\_

☐ If Applicant is a landlord renting to a family member, list all individuals in both the beneficiary's household and the property owner's household.

☐ If Applicant is a landlord renting to a non-family member, list all individuals in the tenant's household.

Please list all persons in household (attach additional sheet if needed):

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

Indicate in the table below all income for each individual in the household listed above. Attach additional sheet if needed:

<b>Name (# From above)</b>	<b>Source of Income</b>	<b>Documentation</b>	<b>Income/Month</b>	<b>Income/Week</b>	<b>Annualized</b>

For Provider Use Only:

**Total # Persons in Household:** \_\_\_\_\_ **Total Annual Household Income:** \$ \_\_\_\_\_

20\_\_ Income Limit for family size listed above: \$ \_\_\_\_\_ ☐ 100% ☐ 200%

Loan Product Eligibility: ☐ 0% ☐ 3%

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_



## **Property Information**

***Proof of paid real estate taxes and paid state income taxes must be provided.***

**1. Type of property:**

- ☐ Single Family ☐ Multi-family ☐ Mobile Home ☐ Manufactured prior to 1978  
☐ Condominium

If multi-family: number of units: \_\_\_\_\_

How many units are occupied? \_\_\_\_\_

**2. Certificate of Title:**

Who is (are) the Owner(s) of Record of the Property to be modified?

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Please verify by Book: \_\_\_\_\_ Page: \_\_\_\_\_ of deed at the Registry of Deeds in the County of Residence.

A certified copy of your deed can be purchased at the Registry of Deeds and is a requirement of this application. **Please attach a copy of your property's deed.** If you need help obtaining a copy of your deed, please contact your Provider Agency for assistance.

3. If your home is owned by a Trust, please attach the Declaration of Trust and Schedule of Beneficiaries.
4. If you or the beneficiary has a Power of Attorney, please attach.
5. Are you currently filing or planning on filing for bankruptcy?

☐ Yes – PLEASE CHECK

## **PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

The applicant(s) certifies that all information provided herein, and all information in support of this application, is given for the purpose of obtaining assistance from the Home Modification Loan Program.

I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief.

I hereby consent to the verification of any information given in this application. I understand that the information will be used to determine eligibility for this program and is subject to the requirements of HMLP Program Guidelines. The applicant(s) agree(s) to abide by the HMLP requirements in connection with any assistance received pursuant to this application.

**I understand that HMLP may deny my application if I am currently filing for bankruptcy and/or have a bankruptcy case pending. I will notify the Provider Agency of any current, pending or future bankruptcy or foreclosure action against me.**

All information generated as a part of this program is confidential between the program applicants and program administrators.

**Signature(s) of Property Owner/Borrowers:** The signatories below acknowledge that this document is signed under pains of penalties and perjury. All persons listed on the deed must sign below.

**Signature:**

**Date:**

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## **Landlord Supplemental Form (if applicable)**

This Form is to be Completed by Landlord

The Property Owner/Landlord, must be the applicant for this loan. Only properties of less than ten (10) unit dwellings are eligible unless undue burden is proven.

For Non-Owner occupied properties the owner must demonstrate that the property is not covered by section 4 of Chapter 151B. i.e. has fewer than 10 units.

Name of Tenant: \_\_\_\_\_

Name of Beneficiary (if different): \_\_\_\_\_

Address of unit to be modified:

Number	Street	Unit #
City	State	Zip Code

Number of units in property: \_\_\_\_\_

Is the tenant a family member of the landlord? ☐ Yes ☐ No

(If yes, you may be able to apply for a 0% or 3% loan. Please discuss with your Provider.)

### **Landlord Information:**

Name (Last, First, MI): \_\_\_\_\_

Mailing address:

Number	Street	Unit #
City	State	Zip Code

Telephone: Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ TTY/TTD: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Please Print Name)

## **Release of Information**

I hereby give authorization to \_\_\_\_\_ (*Provider Agency*) to make inquiries for the Home Modification Loan Program as needed regarding information and documentation supplied by me to verify:

\_\_\_\_\_ Household income

\_\_\_\_\_ Unsafe conditions noted at time of inspection

\_\_\_\_\_ My need for modifications to my residence as documented by

\_\_\_\_\_,  
(*a professional with whom I have a client history*)

Address of the residence to be modified is:

\_\_\_\_\_

number	street	city/town	zip
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\_\_\_\_\_

phone	e-mail
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This information is in regard to my request for a Home Modification Loan.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(*Please print.*)

**This authorization is valid until my loan has been closed and all modification work completed.**

## **MEDIA Release of Information**

I, \_\_\_\_\_ (*Borrower*) hereby give authorization to

\_\_\_\_\_*(Provider Agency) MRC and CEDAC.*

**I authorize the HMLP Program staff and Provider Agencies to release to the media information regarding the modifications provided by loan for the purposes of advocacy and education.**

## Contact information

number	street	city/town	zip
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<b>phone</b>	<b>e-mail</b>
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Address of the residence to be modified: \_\_\_\_\_

Beneficiary (if different from above): \_\_\_\_\_

This information is in regard to my request for a loan through the Massachusetts Home Modification Loan Program.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*(Please print.)*

**This release is good until\_\_\_\_\_.**

## **Lead Paint Certification Form**

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that the following is true of the property to be modified under this program at

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Address Town Zip

YES NO

☐☐

(1) The home was built before 1978.

☐☐

(2) The property is subject to an emergency lead management plan and letter of interim control.

I understand that it is my responsibility to comply with all applicable laws and regulations regarding the presence of lead paint in my home. The Provider Agency for HMLP program is not responsible for lead paint abatement in my home.

### **All Property Owner/Borrowers Must Sign:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Historic Certification Form

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that property to be modified under this program at

\_\_\_\_\_,                      \_\_\_\_\_,                      \_\_\_\_\_  
Address                      Town                      Zip

☐ is **NOT** listed in, or located within or near another home or historic district listed in the Historic Register.

☐ is listed in, or located within or near another home or historic district listed in the Historic Register.

Borrower/Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## **DOCUMENTATION of NEED FROM PROFESSIONAL**

**Please have your selected professional complete the form on this page AND write a STATEMENT ON LETTERHEAD documenting home modification needs**

The PROFESSIONAL chosen must be someone whom the beneficiary has a professional relationship. The professional may be a doctor, physical therapist, occupational therapist, social worker, case manager or other relevant professional. Please consider the expertise of the professional when selecting the individual, if the documentation provided is inadequate or insufficient, additional information may be required.

The STATEMENT ON LETTERHEAD must identify the current need for home modifications to the residence of the beneficiary for the purpose of improving their day-to-day functions or to allow living independently in the community. The statement must be SPECIFIC and should clearly identify the functional aspects of the beneficiary's limitation(s) that directly relate to a need for improved accessibility and safety. Please ask your professional to attach their statement on letterhead to this completed form.

### **Need for Home Modification Form**

1. Name of Individual: \_\_\_\_\_
2. Does the individual have a disability? (Please check yes or no): ☐ Yes  
☐ No
3. If yes, is the disability permanent or temporary? (Please check one):  
☐ Permanent  
☐ Temporary
4. If temporary, how long is the disability expected to last? \_\_\_\_\_
5. What types of limitations does the individual's condition involve? (Please check all that apply):
  - ☐ Mobility (uses wheelchair)
  - ☐ Mobility (does not currently use wheelchair)
  - ☐ Dexterity
  - ☐ Sensory
    - ☐ sight
    - ☐ hearing
  - ☐ Other – Please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Print Name



**Home Modification Loan Program  
Minimum Requirements for Contractor Proposals**

All Contractor proposals for work must include all the following requirements to be considered for participation in the HMLP

1. Detailed description of the scope of work, which should include the following:
  - Specific descriptions of the proposed materials
  - Manufacturer and model numbers for major components or a copy of manufacturer's literature, i.e. fixtures, lifts and other major equipment
  - Quantities of materials to the extent that they are available
  - All work to be performed by subcontractors must be identified
  - If a Change Order is required:
    - i. Any deviations in the agreed upon project scope outlined in the Contractor's proposal must be documented in a change order and be submitted and approved by the Owner and reviewed by the Provider Agency for eligibility, **prior to commencing said work**
    - ii. Any change to cost or project duration should be noted
2. Project Cost Breakdown
  - Lump-sum pricing will not be accepted. However, a cost allowance is acceptable if the cost of the material is unknown. Please identify when a cost allowance is used.
  - Cost of labor and materials with estimates of quantities of materials for major trade categories (electrical, plumbing, rough carpentry etc.) Work to be performed by subcontractors should be identified with an estimate of the cost of this work. Please note *HMLP does not pay subcontractors directly.*
  - An hourly labor rate, for any additional work that may be requested or required
3. Project Timeline
  - Provide an estimate of how long the work is expected to take from start to finish.
  - Indicate project milestones showing identifiable measures of progress from start to finish that are tied to payment milestones. For example: payment should be tied to completion of specific work items such as the installation of a ramp, or framing out a room, etc.
4. Proposed payment schedule
  - Up-front payments in advance of the start of construction are not encouraged. Up-front payments are permitted if a detailed invoice outlining the cost of any material or equipment which *must* be ordered in advance of the start of work is submitted. Please be aware up-front payments are for materials only, not labor.
  - Prior to the start of work a copy of the building permit will be required.
  - Payment schedule shall identify specific benchmarks for payments
  - Invoices should mirror payment schedule in bid proposal, including benchmarks met and/or line-item costs.
  - The final payment (10% of the total loan amount) will not be released until the final inspection has been performed and the borrower has indicated their satisfaction with the work performed.
  - Prior to the release of the final payment, contractors will be required to sign a lien waiver. This waiver affirms the contractor upon receipt of the final payment has been paid in full for the modification project and therefore waives any future lien rights to the homeowner's property.
5. Statement of "Quality of Work" as follows:

*The quality of workmanship and finish shall be, consistent with a high quality of workmanship and finish in accordance with industry standards for like projects. The Contractor warrants a) that materials furnished pursuant to the proposal will be of first class quality and new unless otherwise stipulated, b) that the work will conform to the requirements of all authorities having jurisdiction and, c) that the work will be free from defects and encumbrances. All work performed under the contract shall be warranted by the Contractor to be free from defects in labor and materials for a period of one year following the final acceptance of the work or final payment for work under the contract.*
6. Documentation included with bid:
  - Provide copy of Contractor's license (Home Improvement License and Construction Supervisor's License ( if required)
  - Certificate of insurance listing the homeowner as "additional insured."
  - Both a copy of Lead-Safe Renovation Contractor License and a certificate of lead paint training
7. For more information on Massachusetts law and the requirements of contracts prepared by Home Improvement Contractors please see : <http://www.mass.gov/ocabr/consumer/home-improvement-contract/required-contract-terms.html>